## TEST # 340 FOOD & NUTRITION I PERFORMANCE EVALUATION SUMMARY SCORE SHEET

I verify that this is an accurate re	ecord of the student performance objectives.	Teacher's Signature		
School	Teacher's Name (print)	Da	ate	Period
Copies of this sheet must be	kept on file at the school for TWO years.	by the teacher, and the sche	ool ATE te	esting coordinator.

Student Names (Last Name, First Name)	Indicate student achievement on each required performance objective.  (The number on this score sheet corresponds to the number listed on the Food and Nutrition I, 340 Performance Evaluation Requirements.)  Mark each objective with an X or insert nothing in the blank, as indicated below.  X (YES) = 80% or above, moderate to highly skilled  Blank space (NO) = below 80%, needs direct supervision to limited skilled  1 2 3 4 5 6 7						Test Item #81-A (All Xs)	Test Item #81-B (One or more Blanks)	
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